



THE MISSION OF LIBERTY MEALS ON WHEELS:

To provide balanced, nutritious, and appealing meals to seniors, people with disabilities and disadvantaged populations. We strive to improve the physical and mental health of those we serve by providing, either directly or through cooperation with other organizations, a range of goods and services that improve the quality of life.

NOTE: Information provided within this Volunteer Application remains confidential to Liberty Meals on Wheels.

NAME _____

ADDRESS _____
Street City Zip

PHONE (H) _____ (C) _____ E-MAIL _____

DATE OF BIRTH ____/____/____ SOCIAL SECURITY #: _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Phone/s (H) _____ (C) _____

Are you representing a group or club? ☐ No ☐ Yes—please provide name of club or group

Have you ever been convicted of a felony or misdemeanor classified as an offense against a person or family?

☐ No ☐ Yes

LIBERTY MEALS ON WHEELS IS REQUIRED TO HAVE THE FOLLOWING INFORMATION ON **ALL VOLUNTEER DRIVERS:**

Do you have a valid Missouri Driver's License? ☐ No ☐ Yes—Driver's License #: _____

Do you have current auto insurance? ☐ No ☐ Yes—Specify Insurance Company: _____

PLEASE INDICATE YOUR AVAILABILITY AND/OR PREFERENCES FOR VOLUNTEER SERVICE:

DAY(S) OF THE WEEK: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Any Day

WEEK(S) OF THE MONTH: ☐ 1st Week ☐ 2nd Week ☐ 3rd Week ☐ 4th Week ☐ 5th Week ☐ Any Week

SUBSTITUTE: ☐ No ☐ Yes Days: _____



STATEMENT OF LIABILITY

Liberty Meals on Wheels is not responsible for personal injuries or property damage suffered or caused by a volunteer in connection with his or her volunteer activities. As a condition to serving as a volunteer, each volunteer is expected to maintain his or her own insurance covering these and other risks.

CONFIDENTIALITY STATEMENT

It is understood that as a volunteer of **Liberty Meals on Wheels** you will protect the privacy of all those we serve by maintaining strict confidentiality when discussing meal recipients and the nature of their health conditions. Under no circumstances should a volunteer from **Meals on Wheels** divulge recipient information to anyone outside the organization.

CRIMINAL RECORDS CHECK

By signing below, I realize that a criminal records check may be conducted upon submission of this application, and I hereby consent to such a check.

SIGNATURE: _____ DATE: _____

If the volunteer is under 16 years of age, the signature of a parent or guardian is required:

Please check all that apply. This child is permitted to:

_____ Assist in meal delivery by driving

_____ Assist in meal delivery by riding in the car of another volunteer

SIGNATURE OF PARENT/GUARDIAN _____

FOR OFFICE USE ONLY

ROUTE:

BEGINNING DATE:

NOTES: